

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089142	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
1	1					51			
2		1				52			
3		1				53			
4			1			54			
5		1				55			
6		1				56			
7		1				57			
8			1			58			
9		1				59			
10		1				60			
11		1				61			
12						62			
13						63			
14						64			
15						65			
16						66			
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18						68			
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39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1					TOTAL IND.			
TOTAL DEP.	10	↓	↓	↓		TOTAL DEP.			
TOTAL CLAIMS	11	↓	↓	↓		TOTAL CLAIMS			